

What We Have Learned So Far

Selected Findings from Key Individual Interviews and Focus Groups Update

Los Angeles County Department of Mental Health
MHSA Prevention and Early Intervention Roundtable

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Overview

Key Individual Interviews

- Process
- Participants
- Selected Findings

Focus Groups

- Process
- Participants

Next Steps



Key Individual Interviews

Key Individual Interviews

- 54 interviewees
 - 5 participants from each Service Area
 - 14 with countywide representation
- Community leaders, community members, service providers, consumers and others
 - Appendix A of Roundtable Report

Process

- Interviewees invited to participate based on recommendations from
 - SA District Chiefs
 - SAAC members
 - Other stakeholders
 - Categories of California DMH MHSA
PEI defined Age Groups, Sectors, Priority Populations and Key Mental Health Needs

Process

- Interviews conducted by a team of 2 facilitators at interviewee's offices/agencies or other community-based sites
- In-person, 60 to 90 minutes
- 23 questions asked to inform PEI planning process (Appendix B of Roundtable Report)
- February – September 2008

Interviewee Demographics

Languages Spoken by Interviewees:

- English (100%)
- Spanish (24%)
- Tagalog (22%)
- Farsi (6%)
- Armenian (2%)
- Cambodian (2%)
- Cantonese (2%)
- Other languages (6%)

Gender

- 66% Female
- 34% Male

Age

- Ranged from
Transition Age Youth
to Older Adults

Interviewee Demographics

Ethnicity

- Caucasian (52%)
- Latino/Hispanic (15%)
- Asian/Pacific Islander (10%)
 - Filipino (4%)
 - Cambodian (2%)
 - Chinese (2%)
 - Korean (2%)
- Eastern European/Middle Eastern (8%)
 - Armenian (4%)
 - Persian (4%)
- African-American (7%)
- American Indian (6%)
- Other (4%)

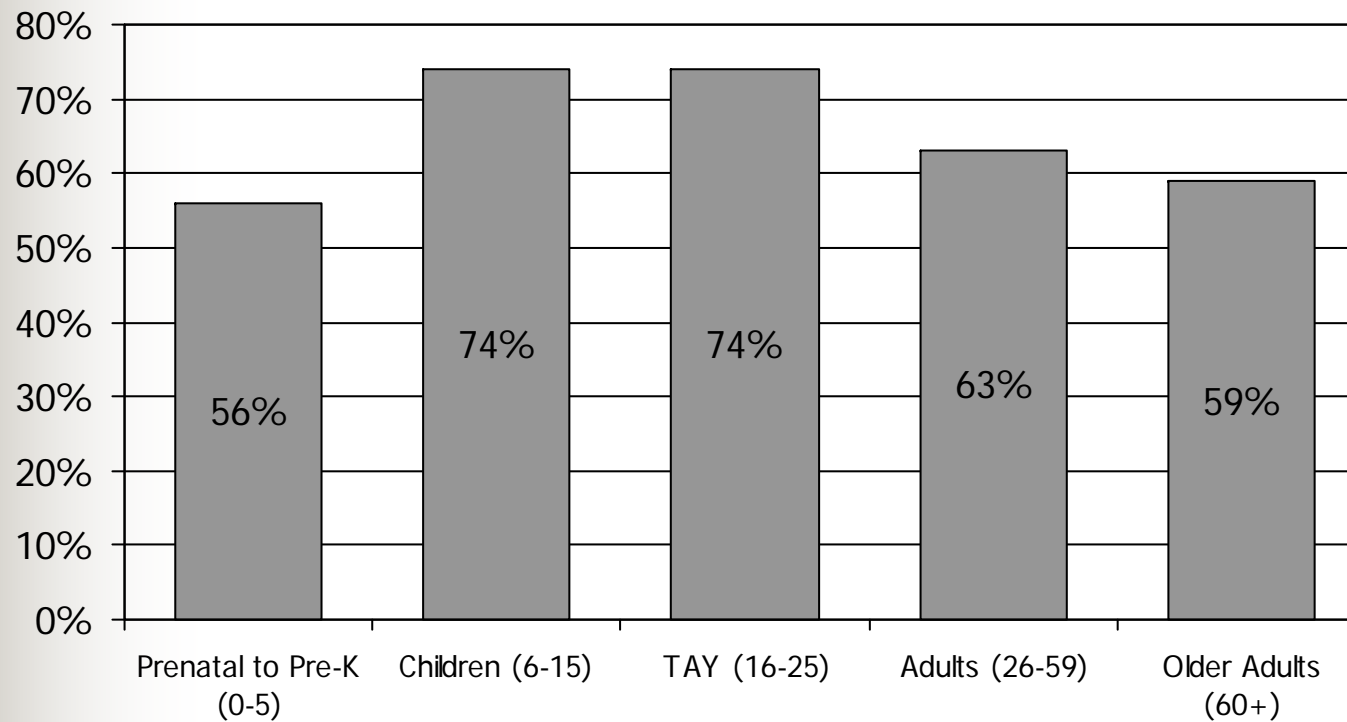
Roles of Interviewees

Role	Percent
Mental Health Advocate	44%
Mental Health Service Provider	41%
Health/Human Services/Social Services Provider	37%
Interested Community Member	28%
Los Angeles County Employee	22%
Family Member of Consumer of Mental Health Services	20%
Other Government Employee	15%
Consumer of Mental Health Services	9%
Other	20%

Priority Populations Served

Priority Population	Percent
Underserved Cultural Populations	76%
Children/Youth in Stressed Families	70%
Trauma Exposed Individuals	67%
Children/Youth at Risk of or Experiencing Juvenile Justice Involvement	59%
Individuals Experiencing Onset of Serious Psychiatric Illness	57%
Children at Risk for School Failure	57%

Age Groups Served



Selected Findings

Mental Health Needs

What are the greatest mental health needs in your community or among the people/communities you serve?

Most frequently mentioned needs:

1. Specific mental health issues

- depression, suicide risk, and disorders resulting from excess stress, anxiety, and trauma-exposure

2. Access issues

- linguistically and culturally competent services, low-cost services, services for uninsured, available services accepting Medi-Cal

3. Specific services

- needed for populations such as homeless, deaf, hard of hearing, developmentally disabled, older adults, children and families, caregivers
- services that address poverty, crime, substance use, domestic & community violence

Selected Findings

Barriers

What barriers do people encounter accessing mental health services (what stops them from getting needed services)?

Most frequently mentioned barriers:

1. Stigma surrounding mental health
2. Lack of outreach, education, and awareness regarding mental health & available services
3. Cost and insurance eligibility/requirements

OTHER BARRIERS

- ✓ Capacity & locations of current providers
- ✓ lack of transportation
- ✓ Lack of bilingual, and/or culturally competent staff and services
- ✓ Limited hours, long wait lists, uninviting service environments

Selected Findings

Improving Access

What specific things do you think would help people better access mental health services?

Most frequently mentioned recommendations:

1. Increased outreach, education and awareness regarding mental health & available services
 - provided in schools, medical facilities, senior centers, community centers/organizations, homes, and other places people often go to (e.g., waiting rooms)
 - Positive, linguistically and culturally-appropriate messaging
2. Strategies to address access issues
 - extended hours, parking, transportation, linguistically and culturally competent services, low-cost or no-cost services, services for uninsured, hotlines, resource persons
3. Location-based services
 - make services available in specific locations (schools, community agencies, health clinics, medical centers), provide multiple access points

Selected Findings

Age Group Priorities

Which do you think is the age group that could best benefit from mental health prevention/early intervention services?*

Priority Age Groups for Prevention Services

1. Children (6-15)
2. Transition-age Youth (16-25)
3. Prenatal to Pre-K (0-5)

Priority Age Groups for Early Intervention Services

1. Children (6-15)
2. Transition-age Youth (16-25)
3. Prenatal to Pre-K (0-5)

**Interviewees had difficulty selecting only one population, stating all are important and interrelated; thus, many selected more than one or all of them.*

Selected Findings

Priority Populations

CDMH identified 6 priority populations for PEI -- which do you consider to be the most important priority population that should receive PEI services in your community?*

1. Underserved cultural populations
2. Children/youth in stressed families
3. Individuals experiencing the onset of serious psychiatric illness
4. Children/youth at-risk of or experiencing juvenile justice system involvement
5. Trauma-exposed individuals
6. Children at risk of school failure

**Interviewees had difficulty selecting only one population, stating all are important and interrelated; thus, many selected more than one or all of them.*

Selected Findings

Informing Communities

What recommendations do you have to better educate/inform your community about mental health prevention and early intervention?

Most frequently mentioned recommendations:

1. Increased outreach, education and awareness

- mass media campaigns, PSAs, ethnic media, internet, billboards, text messaging, health fairs, public education series, mobile outreach vans, community-based open houses, school- and community-based advertising, use of spokespersons
- use of linguistically and culturally relevant and specific messaging
- reach out to every segment of the community (faith-based, business, medical, dental, education, etc.)

2. Increased collaboration/partnerships

- providers, law enforcement, medicine, faith-based organizations, community-based agencies, etc. working together

3. Positive strategies

- work to reduce stigma and discrimination, emphasizing wellness



Focus Group Update

Process

- Focus groups recommended by SAAC members & other PEI stakeholders from across all Service Areas
- April-October 2008
- 64 of 65 completed to date

Process

- 6-10 participants, 1½ to 2 hours
- Team of 3 facilitators
- Conducted at participants' agencies or other community based sites
- Conducted in a variety of non-English languages

Participants

- 6 focus groups from each of the 8 SAs
- 17 focus groups represent Countywide
- Age of participants ranged from TAY to Older Adult
- Wide range of sectors

Next Steps

Focus Groups

- Complete remaining focus group
- Data tabulating, coding & analysis
- SA report development (by SA, in order of Forums)
 - SA focus group reports posted to PEI website
 - Overall report will also be developed and posted to PEI website

Community Forums

- Service-area based
- October through December

Acknowledgements

Special thanks are extended to each of the Key Individual Interviewees and Focus Group Participants for sharing their time and perspectives to inform the MHSA Prevention and Early Intervention (PEI) planning process in Los Angeles County